



Board of Behavioral Sciences
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LICENSED PROFESSIONAL CLINICAL COUNSELOR IN-STATE DEGREE PROGRAM CERTIFICATION FORM B

This form applies to the following individuals:

- 1) Applicants for licensure or registration who began graduate study on or after August 1, 2012.
- 2) Applicants who began graduate study before August 1, 2012, and do not complete the degree on or before December 31, 2018.

<i>Please type or print clearly in ink</i>		
Applicant Name: Last	First	Middle
Social Security Number	Enrollment Date	Degree Award Date

APPLICANT: Your school must complete this form, which is to be submitted with your application in a sealed envelope.

SCHOOL: The applicant named above is applying for a counseling license or registration. Please complete this form and provide applicant with the original in a **SEALED ENVELOPE**.

1. **BOARD REVIEW:** Has the Board reviewed and recorded this degree program for compliance with the educational requirements set forth by Business and Professions Code (BPC) section 4999.33? Yes No
 - If NO, complete this form in full and attach all course syllabi.
 - If YES, complete this form, but see special instructions under item #4 "Core Content Areas" below.
2. **STUDENT NOTIFICATION:** The student was notified by means of public documents or otherwise in writing that the degree program is designed to meet the requirements of BPC Section 4999.33, as required by BPC Section 4999.40(a). Yes No If NO, attach an explanation.
3. **TOTAL UNITS:** The applicant's degree program contained _____ Semester units Quarter units
4. **CORE CONTENT AREAS:** Has the applicant completed coursework that is the equivalent of **at least three (3) semester or four and one-half (4.5) quarter units** in each of the following areas as described in BPC section 4999.33? List units and course information below.

NOTE: If you answered "YES" TO QUESTION #1 ABOVE, and the graduate took a course that was different from the course reviewed by the Board, list the course number and academic term for that specific area and attach a syllabus. Otherwise, just answer "Yes" or "No" to items A – M below.

- | | | | |
|----|--------|---|----------------------------------|
| A. | Yes No | <u>Counseling and psychotherapeutic theories and techniques</u> | Number of units completed: _____ |
| | | Course number(s) & Academic term(s): _____ | |
| B. | Yes No | <u>Human growth and development across the lifespan</u> | Number of units completed: _____ |
| | | Course number(s) & Academic term(s): _____ | |
| C. | Yes No | <u>Career development theories and techniques</u> | Number of units completed: _____ |
| | | Course number(s) & Academic term(s): _____ | |
| D. | Yes No | <u>Group counseling theories and techniques</u> | Number of units completed: _____ |
| | | Course number(s) & Academic term(s): _____ | |
| E. | Yes No | <u>Assessment, appraisal, and testing of individuals</u> | Number of units completed: _____ |
| | | Course number(s) & Academic term(s): _____ | |

- F. Yes No Multicultural counseling theories and techniques Number of units completed: _____
Course number(s) & Academic term(s): _____
- G. Yes No Principles of the diagnostic process Number of units completed: _____
Course number(s) & Academic term(s): _____
- H. Yes No Research and evaluation Number of units completed: _____
Course number(s) & Academic term(s): _____
- I. Yes No Professional orientation, ethics, and law in counseling Number of units completed: _____
Course number(s) & Academic term(s): _____
- J. Yes No Psychopharmacology Number of units completed: _____
Course number(s) & Academic Term(s): _____
- K. Yes No Addictions counseling Number of units completed: _____
Course number(s) & Academic Term(s): _____
- L. Yes No Crisis or trauma counseling Number of units completed: _____
Course number(s) & Academic Term(s): _____
- M. Yes No Advanced counseling & psychotherapeutic theories & techniques Number of units completed: _____
Course number(s) & Academic Term(s): _____
5. PRACTICUM: Number of units completed: _____ Number of hours providing face-to-face clinical counseling: _____
Course number(s) & Academic term(s): _____

6. ADVANCED COURSEWORK: Number of units completed: _____ Course number(s) & Academic Term(s): _____

7. ADDITIONAL CONTENT: Did the applicant's degree program provide all of the following content, as required by BPC section 4999.33? Yes No *If NO, attach an explanation.*

- Integrate the principles of mental health recovery-oriented care & methods of service delivery in recovery-oriented practice environments.
- Provide the opportunity for students to meet with various consumers & family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, & recovery.
- Case management, systems of care for the severely mentally ill, public & private services for the severely mentally ill, community resources for victims of abuse, disaster & trauma response, advocacy for the severely mentally ill, & collaborative treatment.
- Child Abuse Assessment & Reporting (7 hours)
- Aging, Long-term Care, Elder & Dependent Adult Abuse/Neglect
- Spousal/Partner Abuse Assessment/Detection & Intervention
- Integrate an understanding of various cultures & the social & psychological implications of socioeconomic position.
- Multicultural development & cross-cultural interaction, experiences of race, ethnicity, class, spirituality, sexual orientation, gender, & disability & their incorporation into the psychotherapeutic process. Human behavior within the social context of a representative variety of the cultures found within California. Cultural competency & sensitivity, including a familiarity with the racial, cultural, linguistic & ethnic backgrounds of persons living in California.
- Human behavior within the social context of socioeconomic status & other contextual issues affecting social position. The effects of socioeconomic status on treatment & available resources.
- Alcoholism & Substance Abuse & Dependence
- Human Sexuality

CERTIFICATION <i>I hereby certify that all of the foregoing is true and correct.</i>	
Signature of Chief Academic Officer or Authorized Designee	Name of Institution
Print Name	
Date Signed	Institution Accredited or Approved by